2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000044317 Mar 30, 2000 8:00 am 1. Entity Name PILOT SERVICES RF, INC **Secretary of State** 03-30-2000 90049 038 ***150.00 Principal Place of Business Mailing Address 7040 W. Palmetto Park Rd. Suite 4-468 Boca raton , F1 33433 2. Principal Place of Business 3. Mailing Address 00048313 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FÉI Number City & State 65 -- 0839113 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Patricia V. Cohen & Associates, Street Address (P.O. Box Number Is Not Acceptable) 1650 S. Dixie Highway 4th Floor Boca Raton F1. 33432 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Del∈te TITLE NAME NAME Sands Michael STREET ADDRESS STREET ADDRESS 7040 W Palmetto Park Rd 4-468 CITY-ST-ZIP CITY-ST-ZIP Boca Raton F1 33433 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME Aptekar Anatoly STREET ADDRESS STREET ADDRESS 7040W. Palmetto Park Rd. 4-468 CITY-ST-ZIP CITY-ST-ZIP Boca Raton F1 33433 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME Krikun Sergey STREET ADDRESS STREET ADDRESS 7040w.PalmettoPark Rd CITY-ST-ZIP CITY-ST-ZIP Boca Raton F1 33433 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: Daytime Phone #